



PTO/SB/17 (12-04)

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<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
		Application Number	10/603,440
		Filing Date	June 24, 2003
		First Named Inventor	Sonja M. Fields
		Examiner Name	Jacqueline F. Stephens
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3761
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 130.00	Attorney Docket No.	01313/100F698-US3

**METHOD OF PAYMENT** (check all that apply)

☒ Check    ☐ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account    Deposit Account Number: 04-0100    Deposit Account Name: Darby & Darby P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, except for the filing fee

☐ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17    ☒ Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - = _____ x _____ = _____						
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
_____ - = _____ x _____ = _____						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/50	_____ (round up to a whole number) x	_____	_____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: 1814 Statutory Disclaimer

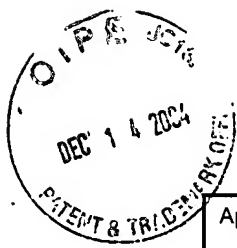
**Fees Paid (\$)**

130.00

<b>SUBMITTED BY</b>			
Signature	<i>Sandra Lee</i>	Registration No. (Attorney/Agent)	51,932
Name (Print/Type)	Sandra S. Lee	Telephone	(212) 527-7735
		Date	December 14, 2004

Express Mail Label No.

Dated: \_\_\_\_\_



Application No. (if known): 10/603,440

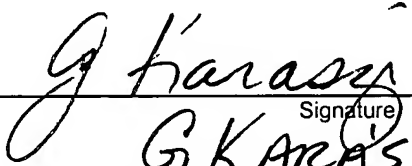
Attorney Docket No.: 01313/100F698-US3

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Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page);  
Amendment in Response to Non-Final Office Action (3 pages);  
Amendment Transmittal (1 page);  
Check in the amount of \$1,020.00 (Check No. **7016** );  
Terminal Disclaimer (2 pages);  
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